

The Gazette of India



सत्यमेव जयते

EXTRAORDINARY

PART II—Section 3

PUBLISHED BY AUTHORITY

No. 9] NEW DELHI, SATURDAY, MAY 27, 1950

MINISTRY OF REHABILITATION

NOTIFICATION

New Delhi, the 27th May 1950

S. R. O. 76.—In exercise of the powers conferred by Section 16 of the Displaced Persons (Claims), Act 1950 (XLIV of 1950) the Central Government is pleased to make the following rules, namely:—

1. Short title.—These rules may be called the Displaced Persons (Registration of Claims) Rules, 1950

2. Definitions.—In these rules—

- (a) “Act” means the Displaced Persons (Claims) Act, 1950;
- (b) “Chief Claims Commissioner” includes the ‘Joint Chief Claims Commissioner’;
- (c) “form” means a form specified in Schedule I
- (d) “Schedule” means a schedule annexed to these rules.
- (e) the expressions “claims” and “displaced person” have the meanings respectively assigned to them in the Act

3. Submission of Claim.—(1) A Displaced Person may, within three months from the date of a public notice inviting claims, submit a claim in the appropriate form to the Registering Officer of the area where such displaced person ordinarily resides

(2) The signature of the Displaced Person on every such claim shall be attested by—

- (a) a magistrate or a justice of the peace, or
- (b) a gazetted officer, or
- (c) a member of Parliament or a State Legislature, or
- (d) a member of a district board, a municipal committee, or an oaths commissioner

(3) Every such claim shall be presented in person or through an agent and, in the case of a minor or other person under a disability, through a guardian or the next friend

4. A claim under this rule shall be accompanied by a Treasury receipt or a Crossed Indian Postal Order payable to the Joint Chief Claims Commissioner for the amount of the fee, specified in Schedule II

5. Duties of Registering Officers.—(1) Where a Registering Officer has received a claim under rule 3, he shall scrutinise it and if the claim is in the proper form he shall register it in a register to be called the Register of Claims.

(2) Where the Registering Officer is of the opinion that the claim is not in proper form, he may return it to the displaced person for complying with such objections and within such period as the Registering Officer may, by order, specify.

(3) Where a claim has been represented after compliance with the objections, the Registering Officer shall register it in the manner provided in sub-rule (1).

(4) Where a Registering Officer has registered a claim under this rule he shall give a receipt in respect thereof to the displaced person concerned and shall forward the relevant papers to the Chief Claims Commissioner.

6. Directions by the Chief Claims Commissioner.—(1) The Chief Claims Commissioner may, from time to time, issue directions to the Registering Officers regarding the manner in which they are to discharge their functions under the Act or those rules and every such Registering Officer shall carry out such directions.

(2) Without prejudice to the generality of the foregoing provision the Chief Claims Commissioner may prescribe the qualifications for appointment of Assistant Registering Officers.

SCHEDULE I.

CLAIM UNDER SECTION 5 OF THE DISPLACED PERSONS (CLAIMS) ACT, 1950.

(TO BE FILLED BY THE CENTRAL
CLAIMS OFFICE):

RELATING TO—

Registration No. (*)
Index No. (*)

Province/State
District

Town/Tehsil

Name of Applicant

Father's (husband's) guardian's, /name †
.....

Full postal address of applicant‡
.....

To

The Registering Officer,

Sir,

Having acquainted myself/ourselves with the provisions of sections @ 12 of the Displaced Persons (Claims) Act, 1950 I/we submit the following claim in respect of immovable property held by me/us or by _____ in West Pakistan I/we solemnly declare that the particulars stated in this claim are true and correct to the best of my/our knowledge and belief, and that I/we have not submitted any other claim on my/our/his/their behalf under the Displaced Persons (Claims) Act, 1950 I/we have paid the sum of Rs.

on account of fee *vide* Treasury Receipt No _____ dated _____
Postal Order

Yours faithfully,

Dated_____

Place_____

Signature

Date

Designation

Address

SUMMARY SCHEDULE OF PROPERTY CLAIMED

To be filled by the applicant						To be filled by the Central Claims Office		
S. No.	Pro- vince. State	Distt./ Tehsil.	Town/ Vill- age.	Brief descrip- tion of pro- perty; resi- dence; shop; in- dustrial un- dertaking; urban plot, rural bul- dings, agri- cultural land, etc.	Esti- mated value	Despatch number for veri- fication. (*)	Value assessed by Claimr. Office (*)	Remarks. (*)
1	2	3	4	5	6	7	8	9

GENERAL PARTICULARS TO BE FILLED IN BY EVERY PERSON MAKING A CLAIM

1. Have you sold any property in Pakistan after 1-3-1947, if so, give brief particulars of property, person to whom sold and the amount for which sold.
2. Have you exchanged any property in Pakistan after 1-3-1947 with property in India? If so, give brief particulars of properties exchanged, name and address of person with whom exchanged and approximate value of the property exchanged and the property with which it is exchanged.
3. Have you paid any income tax in Pakistan? If so, give the following particulars :—
 - (a) State the amount of income tax paid during each of the last three financial years.
 - (b) The amount of income tax assessed in Pakistan and not paid.
 - (c) The years for which income tax has not been assessed in Pakistan and the estimated amount of income tax due for each of those years.
4. Have you obtained any Rehabilitation benefits from the Central or a State Government or any other authority e.g. loans, maintenance allowance, grants scholarships, house, plot, training etc. If so, give particulars.
5. Do you own immovable property in India? If so, give particulars and state whether the property was acquired before 15th August, 1947 or after that date.
6. If the claim is on behalf of some person other than the applicant, give full particulars.

* Not to be filled in by the applicant.

† To be given only in the case of widows, married women or minor children, as the case may be.

‡ All communications regarding this claim will be sent to the claimant at this address. Any change of address of the applicant should be notified to the Chief Claims Commissioner.

@ See directions 2 and 3.

FORM "A"

(FOR BUILDINGS, INCLUDING PLOTS IN URBAN AREAS OTHER THAN THOSE RELATING TO INDUSTRIAL UNDERTAKINGS)

(TO BE FILLED BY THE CENTRAL CLAIMS OFFICE).

RELATING TO :—

Registration No. (*)	Province/State
Property No. (*)	District
Index No. (*)	Town/Tehsil
	Name of Applicant
	Father's (husband's/ guardian's) name†
	Full postal address of applicant‡

1. General description (*e.g.*, residence, shop, office, combined shop and residence, urban plot), state type of construction (*e.g.*, whether the building is built in stone, reinforced concrete, brick and cement mortar, brick and mud mortar; whether floors are of cement, or of bricks or katcha, whether the house is electrified, has sanitary fittings, etc.).
2. Address and location (indicate municipal number, street, road, mohalla etc.).
3. (a) Total area of premises (App. in Sq. Yds.).
(b) Total built up area (App. in Sq. Yds.)
(c) Total number of floors (storeys).
(d) Total number of rooms
4. Use to which property was put at date of partition or time of abandonment (*e.g.*, residence, shop, office, etc.). If leased, state name and address of lessee, showing the monthly rent charged.—
(a) in 1939-40 *Rs.*
(b) in 1940; or
(c) on any other date if the property was not leased on the aforementioned dates.
5. Nature and extent of applicant's interest in property.
6. How did applicant acquire his interest in property (inheritance, purchase, gift, etc.)?
7. If purchased, state name and address of vendor, date of purchase and the purchase amount.
8. If the building has been constructed by the applicant himself, then state the year and cost of construction (give cost of land and buildings separately).
9. If the applicant has obtained the property by inheritance or by purchase and has subsequently made additions, alterations or renovation, state the nature & extent, year in which carried out and the cost of such additions, alterations or renovation.
10. If any taxes were paid on the property, state the rate at which taxes were paid and to what authority. Also state any other relevant information *e.g.*, the capital value or annual rental value on which the municipal assessments, etc. were based.
11. If property was insured, state type of insurance, value insured against, and name and address of the insurance company.
12. State the nature and amount of charge or encumbrance on the property, if any
13. If the property was at any time subject to negotiations for sale, state name and address of intending purchaser and amount of purchase money offered.

14. Estimated value in 1946 of —

- (a) Site ;
- (b) Building ;
- (c) Total.

15. What documentary evidence can you produce in support of your claim ? (Documents will be called for at time of verification).

(*) Not to be filled in by the applicant.

† To be given only in the case of widows, married women or minor children, as the case may be.

‡ All communications regarding this will be sent to the claimant at this address. Any change of address of the applicant should be notified to the Central Claims Office

VERIFICATION OF CLAIM

(To be filled in by Claims Officer).

1. Date of verification
2. Nature of verification
3. Value assessed
4. Remarks

Date

Place

Signature

Claims Officer.

FORM "B"

(FOR BUILDINGS IN OTHER THAN URBAN AREAS, THE ESTIMATED COST OF CONSTRUCTING WHICH AT PRESENT PREVAILING RATES IS NOT LESS THAN Rs. 20,000/).

(TO BE FILLED BY THE CENTRAL CLAIMS OFFICE).

RELATING TO—

Registration No. (*).

Province/State

Property No. (*).

District

Index No. (*)

Town/Tehsil

Name of Applicant

Father's (husband's/
guardian's) name †

Full postal address
of applicant ‡

1. General description (e.g., residence, shop, office, combined shop and residence ; state type of construction (e.g., whether the building is in stone, reinforced concrete, brick and cement mortar, brick and mud and mortar ; whether floors are of cement, or of bricks or kacha, whether the house is electrified, has sanitary fittings, etc.)

2. Address and location.

-
3. (a) Total area of premises (App. in square yards).
(b) Total built up area (App. in square yards).
(c) Total number of floors (Storeys).
(d) Total number of rooms.
-
4. Use to which property put at date of partition (*e.g.*, residence, shop, office, etc). If leased, state name and address of lessee, showing the monthly rent charged—
(a) in 1939-40;
(b) in 1946; or
(c) on any other date if the property was not leased on the aforementioned dates.
-
5. Nature and extent of applicant's interest in property.
-
6. How did applicant acquire his interest in property (inheritance, purchase, gift, etc).
-
7. If purchased, state name and address of vendor, date of purchase, and the purchase amount.
-
8. If the building has been constructed by the applicant himself, then state the year and cost of construction.
-
9. Cost incurred on construction (Give cost of land and buildings separately). If the applicant has obtained the property by inheritance or by purchase and has subsequently made additions, alterations or renovations, state the nature and extent, year in which carried out and the cost of such additions, alterations or renovation.
-
10. If property was insured, state type of insurance, value insured against, and name and address of the insurance company.
-
11. State the nature and amount of charge or encumbrance on the property, if any.
-
12. If the property was at any time subject to negotiations for sale, state (name and address of intending purchaser and) amount of purchase money offered.
-
13. Estimated value in 1946 of—
(a) Site;
(b) Building;
(c) Total.
-
14. What documentary evidence can you produce in support of your claim? (Documents will be called for at time of verification).
-

VERIFICATION OF CLAIM

(TO BE FILLED IN BY THE CLAIMS OFFICER).

1. Date of verification.....
2. Nature of verification.....
3. Value assessed.....
4. Remarks.....

Date.....

Place.....

Signature.....

(Claims Officer).

(*) Not to be filled in by the applicant

† To be given only in the case of widows, married women or minor children, as the case may be.

‡ All communications regarding this claim will be sent to the claimant at this address. Any change of address of the applicant should be notified to the Central Claims Office

FORM 'C'

(FOR INDUSTRIAL UNDERTAKINGS, INCLUDING BUILDINGS, AND LAND COMPRISED THEREIN)

Note :—In case of joint stock companies or private limited companies, the companies themselves will have to make the claim.(TO BE FILLED BY THE CENTRAL
CLAIMS OFFICE)

RELATING

Registration No. (*).....

Property No.

Index No.....

Province/State.....

District

Town/Tehsil

Name of applicant.....

Father's † (husband's/guardian's)
name @

Full postal address of applicant ‡

1. Name of undertaking.

2. Address and location.

3. General description (e.g., cotton mill, oil press etc.). State type of construction (e.g., whether the building is in stone, reinforced concrete, brick and cement mortar, brick and mud mortar; whether floors are of cement; or of bricks, or kacha; whether the building is electrified etc.).

4. Nature and extent of applicant's interest in undertaking.

5. How did applicant acquire his interest in property (inheritance, purchase, gift etc.)

-
6. If purchased, state name and address of vendor, date of purchase and the purchase amount.
-
7. If the building has been constructed by the applicant himself, then state the year and cost of construction. (Give cost of land and buildings separately.)
-
8. If the applicant has obtained the property by inheritance or by purchase and has subsequently made additions, alterations or renovation, state the nature and extent, year in which carried out and the cost of such additions, alterations or renovations.
-
9. If undertaking belongs to a partnership, give names of partners, their respective shares and their present addresses.
-
10. If undertaking held or given on lease, state particulars and period and terms of lease.
-
11. If the undertaking was at any time subject to negotiations for sale, state name and address of intending purchaser and the amount of purchase money offered.
-
12. Did undertaking operate throughout the year ?
If it was seasonal state average number of weeks for which it worked during the year.
-
13. Number of workers employed.
-
14. Area of premises (in sq. yds.)
-
15. Built up area (in sq. yds.)
-
16. Tenure of land on which the undertaking is
-
17. Fixed plant and machinery (if necessary, attach separate sheet) :
- | Description
(1) | Capacity
(2) | Number of units
(3) | Cost per unit
(4) |
|--------------------|-----------------|------------------------|----------------------|
|--------------------|-----------------|------------------------|----------------------|
-
18. Give statistics for 3 years preceding partition for—
- Annual output.
 - Value of turnover.
 - Gross profit.
 - Net Profit.
-
19. Give statistics for 3 years preceding partition for —
- Quantity of raw materials used.
 - Value of raw materials used.
-
20. Give details of central, provincial and local taxes paid on the undertaking during 3 years preceding partition.
-
21. If the property was insured, state type of insurance, value insured against and name and address of the Insurance Company.
-

22. Estimated value in 1946 of—

- (a) Site.
- (b) Building.
- (c) Fixed machinery.
- (d) Total.

23. What documentary evidence can you produce in support of your claim? (Documents will be called for at time of verification.)

(*) Not to be filled in by the applicant.

† To be given only in the case of widows, married women or minor children, as the case may be.

‡ All communications regarding this claim will be sent to the claimant at this address. Any change of address of the applicant should be notified to the Central Claims Office.....

VERIFICATION OF CLAIM

(To be filled by the Claims Officer)

1. Date of verification
2. Nature of verification
3. Value assessed
4. Remarks

Date

Place.....

Signature

Claims Officer.

FORM 'D'

(FOR AGRICULTURAL LAND IN ANY PART OF WEST PAKISTAN OTHER THAN WEST PUNJAB).

(TO BE FILLED IN BY THE CENTRAL CLAIMS OFFICE) RELATING TO—

Registration No. (*)	Province/State.
Property No. (*)	District.
Index No. (*)	Tehsil
Hadbast number of village (*)	Name of estate.
	Name of hamlet (Dakhil-Deh) in which land situated.
	Nearest town.
	Distance from the nearest town
	Name of applicant
	Father's (husband's or guardian's) name †
	Full postal address of applicant †

Area claimed (Applicant's own share only should be stated).

Class of land Hoki or Berani or what canal irrigated (nehri perennial, nehri non-perennial, chehi, barani, sailabi, banjar (1) jadid, qadim or ghair mumkin)	Area (in local units which should be indicated)	Area in acres, Kanals, Marlas, Ghantas	Rights held (ownership, occupancy, inferior ownership, mortgage with possession etc.) with particulars of other parties and rent paid or realised	Remarks :— (1) State if land under gardens, (2) State if land stands in revenue records in the name of someone other than the applicant and if so, how applicant's title to the land is determined	Amount of annual land revenue last paid in Western Pakistan in respect of agricultural land and the year for which it was paid	Estimated value of Applicant's right	If any temporary allotment of land has been obtained in India, state area, class of land, location, allotting authority and terms of allotment	What documentary evidence can you produce in support of your claim? (Documents will be called for at time of verification)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Area verified: (Applicant's own share only)
(To be filled in by the Claims Officer)

Class of land	Area in acres, Kanals, Marlas, Ghantas	Rights held with particulars of other parties and rents received or realised.	Value of land and rights	Remarks
(1)	(2)	(3)	(4)	(5)

Date.....

Place.....

Signature.....

Claims Officer

(*) Not to be filled in by the applicant.

† To be given only in the case of widows, married women or minor children, as the case may be.

‡ All communications regarding this claim will be sent to the claimant at this address. Any change of address of the applicant should be notified to the Chief Claims Commissioner.

SCHEDULE II

(See sub-rule (4) of rule 3).

Amount of Claim		Fee Rs.
Claims not exceeding Rs. 20,000		1 0 0
Claims exceeding Rs. 20,000 but not exceeding Rs. 1,00,000		2 0 0
Claims exceeding Rs. 1,00,000 but not exceeding Rs. 2,50,000		5 0 0
Claims exceeding Rs. 2,50,000 but not exceeding Rs. 5,00,000		7 8 0
Claims exceeding Rs. 5,00,000		10 0 0

(No. 8(14)Genl./50-1)
M. L. PURI, Under Secy.